



Notice of Independent Review Decision - WC

DATE OF REVIEW: 06/29/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI L4-L5 and L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Lumbar ESI L4-L5 and L5-S1 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Physical Medicine/Rehab Report, Day and Night Clinic, 07/21/11, 04/22/11, 07/25/11, 07/26/11, 07/28/11, 08/02/11, 08/29/11, 08/31/11, 09/01/11, 09/07/11
- Lumbar Spine MRI, Imaging Services, 09/22/11
- Established Patient Encounter, M.D., 12/02/11, 01/27/12
- Progress Notes, M.D., 04/13/12
- Denial Letters, 05/10/12, 06/05/12
- Correspondence, Dr. 05/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available for review indicate that the patient sustained a fall in the workplace.

The records available for review indicate that the patient received approximately ten sessions of supervised physical therapy services from 07/21/11 to 09/07/11.

A lumbar MRI was accomplished on 09/22/11. This study disclosed findings consistent with a posterior annular tear at the L5-S1 intervertebral disc. There was evidence for a broad-based left paracentral/foraminal disc herniation at the L2-L3 level. The report indicated that there was evidence for a broad-based foraminal disc herniation at the L3-

L4 disc level. At the L5-S1 disc level, there was evidence for a diffuse disc herniation, approximately 4 mm in size.

The patient received an evaluation with Dr. on 12/02/11. On this date, it was recommended that the patient receive access to treatment in the form of a lumbar epidural steroid injection (ESI). It was documented that he had undergone a lumbar ESI on 10/13/11 and it was documented that this procedure did decrease pain symptoms by approximately 50 percent.

The patient was evaluated by Dr. on 01/27/12. It was documented that the patient had received a neurosurgical consultation with Dr. on 01/06/12 and it was documented that it was felt the patient was not a surgical candidate. It was recommended that he receive access to treatment in the form of a lumbar ESI.

The patient was evaluated by Dr. on 04/13/12. It was documented that the patient had received two ESIs in total. It was documented that these injections helped “for three days.” It was recommended that he utilize the following prescription medications: Celebrex, as well as Tylenol #3. It was recommended that a lumbar ESI be performed to the L4-L5 and L5-S1 levels.

A letter is available for review from Dr. dated 05/11/12. It was documented that previous treatment in the form of lumbar ESIs provided a reduction in pain symptoms for a total of three days.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The records available for review indicate that past treatment has included access to treatment in the form of two lumbar ESIs. The records available for review indicate that this form of treatment provided a reduction in pain symptoms for only approximately three days.

In this particular case, per the criteria set forth by the Official Disability Guidelines, the medical necessity for a lumbar ESI is not presently established. There was not sufficient enough of a response to the previous attempts at therapeutic injections in the form of lumbar ESIs to support this specific request as one of medical necessity. Hence, in this particular case per the criteria set forth by the above noted reference, the medical necessity for this specific request is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**